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To: Assistant Commissioner for Patents	From: Estella Pineiro 818/493-2251
Attention: Examiner F. Oropeza Art Unit: 3762 TECHNOLOGY CENTER 3700	ST. JUDE MEDICAL CRMD 15900 Valley View Court Sylmar, California 91392-9221
Telecopier: 703/872-9306	Telecopier: 818/362-4795
RE: Amendment and Request for Reconsideration Applic. No. 09/964,225 Filed: 09/25/2001 Docket No. A01P1032	Number of pages being sent: <u>14</u> (including cover page)

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE****Applicant:** Laurence S. Sloman**Serial No.:** 09/964,225**Filed:** 09/25/2001**Docket No.:** A01P1032**Examiner:** F. Oropeza**Art Unit:** 3762**For:** CARDIAC STIMULATION METHOD AND ASSOCIATED SYSTEM USING
A HISTOGRAM AS AN INTEGRITY DIAGNOSTIC TOOL TO MONITOR
THE PERFORMANCE OF AUTOMATIC CAPTURE VERIFICATION**TRANSMITTAL LETTER, FEE AND CERTIFICATE OF MAILING**

Mail Stop Amendments AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Submitted herewith for filing are the following documents:

☒ Amendment and Request for Reconsideration
☒ Transmittal Letter, Fee and Cert. of Mailing

CALCULATION OF FEES						
ITEM		NO. OF CLAIMS REMAINING AFTER AMENDMENT	NO. OF CLAIMS PREVIOUSLY PAID FOR	ADD'L CLAIMS FILED	LARGE ENTITY FEE	\$ FEE
A	TOTAL CLAIMS FEE	26	26	0	X \$18	\$ 0
B	INDEPENDENT CLAIMS FEE**	3	3	0	X \$86	0
C	MULTIPLE- DEPENDENT			0	X \$290	
D	EXTENSION OF TIME FEE — 1-mon: \$110; 2-mon: \$420; 3-mon: \$950; 4-mon: \$1,480					0
E	ADDITIONAL FEES (i.e., Surcharge - Late Fee- Declaration; Petitions; Information Disclosure Statement; Terminal Disclaimer, etc.) Specify:					
F	TOTAL ADDITIONAL FEE** (ADD TOTALS FOR LINES A,B,C,D. and E)					\$ 0**

☒ Charge Deposit Account No. **16-0068**
the amount of

\$0**

A copy of this letter is enclosed.

X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-0068

X Any additional filing fees required under 37 CFR 1.16.

X Any patent application processing fees under 37 CFR 1.17.

X The Commissioner is hereby authorized to charge payment of the following fees during the pendency of this application or credit any overpayment to Deposit Account No. 16-0068

X Any patent application processing fees under 37 CFR 1.17.

X Any filing fees under 37 CFR 1.16 for presentation of extra claims.

Respectfully submitted,

Date: 7/19/04

Ronald S. Tamura

Ronald S. Tamura, Attorney for Applicants
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818/362-4795 (fax)

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on:

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Estella Pineseiro 7/19/04
Estella Pineseiro Date

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Laurence S. Sloman

Serial No.: 09/964,225

Examiner: F. Oropeza

Filed: 09/25/2001

Art Unit: 3762

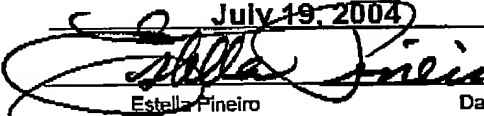
Docket No.: A01P1032

For: CARDIAC STIMULATION METHOD AND ASSOCIATED SYSTEM USING
A HISTOGRAM AS AN INTEGRITY DIAGNOSTIC TOOL TO MONITOR
THE PERFORMANCE OF AUTOMATIC CAPTURE VERIFICATION

AMENDMENT AND REQUEST FOR RECONSIDERATION

I hereby certify that this correspondence is being facsimile
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on:

Mail Stop Amendments AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

July 19, 2004

Estella Pineiro Date

Dear Sir:

In response to the Final Office Action dated May 18, 2004, please amend the
above-identified patent application as follows: